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ACC NEWS

President's Page: Accountability 2000

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Nearly one year has passed since I penned my first president's page and promised you, the members of the American College of Cardiology (ACC), that we would spend the upcoming year "going there with fire." My year as president of the ACC has been very eventful, challenging, and fun. I started out the year talking with many of you in person at the Annual Scientific Session and learning firsthand what you expected from both your College and me, your College's president. I am very pleased with the success of that endeavor, the *ACC Vital Signs Survey*, which put the ACC Executive Committee directly in touch with you and helped to guide me through my year as president. In that first address, I also promised that I would revisit the goals that I set forth in that original president's page and give you an accounting of what we accomplished. I am very pleased to outline what has been done in the past year and to update you on the College's goals for the immediate future.

THE 1999–2000 GOALS: WHAT WE HAVE ACCOMPLISHED TOGETHER

In April, I outlined five goals for my presidency. The following is an update on each:

The value of the ACC to its members. My first goal as president was to increase the value of your membership in the ACC. A logical place to begin, as I mentioned above, was to talk to you. The *ACC Vital Signs Survey* gave us a forum to learn what was "keeping you awake at night." We began by holding round-table discussions at ACC '99 in New Orleans, and we continued by speaking by telephone with ACC members each month. I personally made many calls to ACC members and found that these conversations were among the most valuable exchanges of my presidency. From these talks, we learned, for example, that—

- You want the College to advocate even more than it has been for the cardiovascular profession, your autonomy to care for your patients, and your patients' rights;
- You want the College to fight unrealistic managed care constraints, unfair reimbursement practices, and burdensome documentation requirements;
- You would like the College's high-quality educational programs and products to be expanded to take advantage of new technology, such as the Internet; and
- You want the ACC's leadership and committees to include broad representation, including non–university-affiliated practitioners, cardiologists from communities of all sizes, and "new blood."

With that information in hand, we were able to make informed decisions about the College's top priorities as well as to take some actions. For starters, more than half of the new members I appointed for ACC committees had never before served on an ACC committee or had not done so for many years. The "new blood" that these committee members bring to the College will continue to be an invaluable resource for the College.

We also appointed the **Task Force on Member Relations,** chaired by Immediate Past President Dr. Spencer B. King, III, to focus specifically on what the College can do to meet your needs. In the past year, this task force has focused on ways that the College can improve its communication with members about advocacy efforts; better facilitate grass-roots lobbying; build better collaborative relationships among ACC chapters and the national organization; expand the roles and responsibilities of chapters and the Board of Governors; and make better use of the ACC Web site to promote the value of being a Fellow of the American College of Cardiology. Among other things, the task force is proposing that the Web site provide patient referrals; listings of ACC Fellows by region, area of expertise, specialization, clinical research interest, and contact information; and links to members' practice Web sites.

In addition, our committees offer opportunities not only to work with colleagues but also, in some instances, to provide learning opportunities for members. We have begun to identify ways in which the learning that occurs through participation in certain types of committee activities—for example, developing practice guidelines or preparing for lectures given during ACC programs—can be recognized through the awarding of Category 1 continuing medical education (CME) credit.

Similarly, the College has implemented a number of new tools for communicating with you, informing you directly and almost immediately about the actions the College is taking and how you can participate in or support those actions. The Medicare listserve, for example, takes advantage of Internet technology to activate grass-roots efforts to influence legislative and regulatory decisions. If you would

like to join this listserve, contact the ACC Advocacy Division by e-mail at *kdennis@acc.org*.

In addition, when the Board of Trustees met in December, it set **six legislative priorities,** all of which correspond to what we learned from members throughout the year. Those priorities are Medicare practice expense, graduate medical education, health care coverage for the uninsured, medical research funding, the Medicare hospital outpatient prospective payment system, and patient protection. Throughout the coming year, the College's advocacy efforts will be focused on these areas.

ACC 2000. Another aspect of increasing the value of ACC membership is related to the Annual Scientific Session. As this page is being published, we are preparing to open the doors to the Anaheim Convention Center in California. There, the ACC will unveil a greatly **expanded annual meeting** that literally offers something for everyone. Not only has the chronology of the event been altered to better match the schedules of busy physicians but we will also offer **"spotlight" sessions** on interventional cardiology, clinical cardiology, and echocardiography. There will be expanded educational programming throughout ACC 2000, including more "bread-and-butter" programming and **a meeting "highlights" session** at the end of ACC 2000 to assist all cardiologists in putting into perspective the tremendous amount of information presented at the meeting.

ACC 2000 promises to be an event like no other, but it is in many ways just the first step toward annual meetings that will grow progressively better. In 2001, for example, we will add two more spotlight sessions—on nuclear cardiology and electrophysiology. There will also be expanded use of Internet technology in 2001: The ACC will increase its use of cybersessions and Webcasts, which enable educational programming to reach physicians whose schedules are too hectic for travel to the Annual Scientific Session.

Next on the annual meeting agenda is evaluating the effectiveness of these changes, asking you what you like and what you don't, and then making appropriate modifications to match that feedback and better meet the needs of all ACC members.

The Great Circle. Last year, the term "great circle" was coined to refer to a structure that encompasses practice guidelines, performance measures, and outcomes data, all tied together by education—leading to high-quality and cost-effective patient care. In the past year, the College has made great strides toward implementing The Great Circle and thereby connecting our efforts on many fronts. The **Guidelines Application in Practice (GAP) project,** for example, will improve the rates at which practice guidelines are used and implemented in practice. The ACC is testing the GAP project by partnering with the Southeast Michigan Heart Consortium to develop and implement interventions that will facilitate the use of the recently updated acute myocardial infarction guidelines in practice settings. Later this year, several specific interventions will be field-tested in eight to ten hospitals, and quality improvement data will be collected after the field tests.

An important component of The Great Circle, as well as the GAP project, will be performance measurement and quality improvement. The **ACC/American Heart Association (AHA) Joint Task Force on Performance Measures** has been formed. This task force will participate in the production of core sets of clinical measures of quality to ensure that the cardiovascular community speaks with one voice on the subject of quality care. As The Great Circle emphasizes, these quality measures will be the essential and invaluable link between our practice guidelines and the development of data sets. Related to these efforts has been a greatly streamlined process for approving and disseminating clinical practice guidelines. The new process provides the necessary discussion, review, and approval of all documents by the Board of Trustees via mail ballot and conference call. By making the process simpler, we have freed up the time of the guidelines-writing committees, the presenters, and the trustees. Likewise, members who are awaiting guidelines on specific conditions or procedures receive shorter, more effective, and more timely documents, and they can access them more easily—through the ACC and the AHA Web sites as well as in the *Journal of the American College of Cardiology (JACC)*. In addition, pocket guidelines are being developed for each guideline; two—on implantation of cardiac pacemakers and antiarrhythmia devices and on perioperative cardiovascular evaluation for noncardiac surgery—already are available on the ACC Web site.

Partnerships with other cardiovascular societies. An important and related priority for the year was demonstrating to our members the benefits of ACC membership as well as membership in other organizations. A great deal of organizational "red tape" can be cut when there are **personal relationships among the members who lead the societies.** We made great strides in forging and strengthening relationships with the AHA, the European Society of Cardiology (ESC), and many subspecialty societies. Two of our ACC 2000 spotlight sessions are being co-sponsored by subspecialty organizations, the Society for Cardiac Angiography and Interventions and the American Society of Echocardiography; next year, two more spotlight sessions will be co-sponsored, by the North American Society of Pacing and Electrophysiology and the American Society of Nuclear Cardiology. I have met routinely throughout the past year with the leaders of these organizations, for example, and ACC senior staff have done likewise.

In partnership with the National Heart, Lung and Blood Institute, a task force on research in pediatric cardiology was formed. This will be important in identifying potential areas for identification of funding.

The Great Circle and its role in the implementation of our practice guidelines also represents one of many opportunities for the College to work with other organi-

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zations focused on cardiovascular medicine and the numerous subspecialty organizations. For many years, we have partnered with the AHA to produce the most relevant and state-of-the-art practice guidelines. This relationship has been furthered tremendously during the past year. The ACC/AHA Joint Task Force on Performance Measures was created to facilitate the development of quality measures for cardiovascular care. A listing of guidelines and statements in process now exists and can be accessed by each cardiology society so that we can avoid duplication.

Many of the guidelines and other documents that ACC writing groups are currently drafting will have the benefit of representatives of these societies. This year, guidelines were developed for "triple billing" in the mastheads of the guidelines, indicating true partnership with the ACC.

Personalized CME. We learned from the *ACC Vital Signs Survey* that you already look to the College for the highest quality educational programs and tools, but we also learned that you want the College to find ways to personalize your CME, thereby making it easier for you to access what you need when you need it. The **Task Force on Strategic Directions for CME at the ACC** met throughout this year and is developing plans to use the Internet to make the ACC's existing educational content more immediately accessible as well as to assist you in developing **personal learning plans** based on your individual needs and your practices.

The next step is to implement the task force's plans and develop tools to assist you in using these learning plans and documenting your professional development for Category 1 CME credit. These steps will be ripe with opportunities for the College to partner with other organizations so that the array of educational products and programs will be as comprehensive, useful, and cost-effective as possible.

A better health care system. As I prepare to pass the gavel, there are an estimated 44.3 million uninsured Americans. These numbers are astounding, but I feel strongly that the College is taking a leadership role in finding collaborative approaches to rectify this critical situation. In the past year, the College has secured a federal legislative directive that will enable states to apply for federal funds to extend Medicaid coverage to young adults with congenital and childhood disease. We are also on track to work with individual chapters to ensure that states follow through in developing these programs at the state level. Since that success, the College's leadership and Board of Trustees, on the recommendation of the Board of Governors and the Government Relations Committee, have **elevated the issue of the uninsured to be among the ACC's public policy priorities.** We must now use the momentum we have created over the past year to develop a solid policy position on **universal coverage.** In addition, we must continue to work in concert with other organizations to seek long-term solutions to the dilemma of the uninsured. Stay tuned; this subject will the topic of my Presidential Plenary Address and my last president's page in the March 15 issue of *JACC*.

ALSO IN 1999–2000

Planning for the future. One of the most significant activities of my presidency has been that of the **Task Force for the 21st Century.** This group of ACC members and staff has carefully examined each ongoing ACC activity in relation to our priorities as well as its fiscal impact. In December, the task force made preliminary recommendations in five areas: education, clinical guidelines and standards, advocacy, online services, and funding strategies. This month, the task force will make final recommendations that the College's leaders will use to guide us through the early part of the 21st century.

Expanding the ACC's presence on the World Wide Web. The College's place on the World Wide Web is being studied by a number of ACC groups because it relates to so many of our priorities. Examples abound: The Task Force on Strategic Directions for CME at the ACC is developing recommendations for using the Internet to deliver timely and personalized education to members. The Task Force on Member Relations is studying new ways to use the ACC Web site to communicate with members and their patients. Other groups are looking at our Web presence as a way to promote the most efficient and direct means for distribution of practice guidelines and ACC updates.

This medium also represents an extraordinary opportunity to build relationships, both with other organizations and with partners who will help us to offer a wider range of services to our members. This year, the College and Elsevier Science Inc. collaborated to launch CardioSource™, a service that gives ACC members online access to *JACC*, *The Lancet*, and nine other top journals as well as a news service and databases for MEDLINE searches, clinical trials profiles, and job opportunities. Also the result of another collaborative venture has been the College's evolving relationship with WebMD (previously with Medcast Networks, which merged with WebMD/Healtheon). I am certain that these are just the first of a wide variety of ventures the College will explore to bring you exciting new services, products, and opportunities.

Patient education. We know that ACC members are actively engaged in educating their patients and their patients' families about cardiovascular illness. Many of these members have asked the College to assist them in this endeavor. This year, the College produced a top-notch patient booklet that many cardiovascular specialists are using to educate their patients about cardiovascular health. We are working with the AHA to define appropriate areas for collaborations and methods to expand patient education

resources for all health professionals caring for patients with cardiovascular disease.

THANKS

I am very proud of the work that together we have done this year. We all owe a tremendous debt to our ACC staff—the best in the world. I extend my thanks to all of the members for their support and involvement in the College. The ACC's greatest strength is its extraordinarily talented and devoted membership; it has been an honor and a privilege to be your president.

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